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23696 7590 09/21/2010

**QUALCOMM INCORPORATED
5775 MOREHOUSE DR.
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Roxanne Ross	(Depositor's name)
<i>Roxanne Ross</i>	(Signature)
12/20/2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/020,373	12/12/2001	Eric Rosen	010558	2149

TITLE OF INVENTION: METHOD AND APPARATUS FOR DELIVERING INFORMATION TO AN IDLE MOBILE STATION IN A GROUP COMMUNICATION NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/21/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
BHATTACHARYA, SAM	2617	455-518000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 <u>Abdollah Katbab</u>
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	2 <u>Raphael Freiwirth</u>
	3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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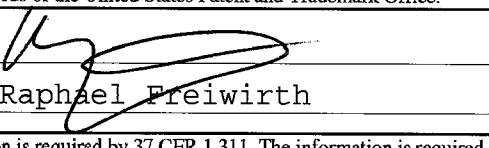
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 170026 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date 2010-12-20

Typed or printed name Raphael Freiwirth

Registration No. 52,918

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